

State of California  
**Department of Health Services**



**GRAY DAVIS**  
*Governor*

October 25, 2002

N.L.: 10-1002  
Index: Healthy Families

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS)  
ADMINISTRATORS, MEDICAL CONSULTANTS, AND CHILDREN'S  
MEDICAL SERVICES (CMS) BRANCH AND REGIONAL OFFICE STAFF

SUBJECT: DESIGNATION OF CCS STAFF FOR OBTAINING HEALTHY FAMILIES  
ELIGIBILITY INFORMATION FROM THE MANAGED RISK MEDICAL  
INSURANCE BOARD

This is to inform you that the Managed Risk Medical Insurance Board (MRMIB) is in the process of establishing a point of contact with their Administrative Vendor, Electronic Data Systems (EDS), to provide local CCS Programs with the means for verifying HF eligibility information when the Medi-Cal Eligibility Data System (MEDS) either shows no HF information or the information has not been updated. Since it will take some time to set up a support system through EDS, MRMIB is establishing an internal process in the interim that will provide local CCS Programs with HF eligibility information.

According to MRMIB, they will only provide HF eligibility information that conforms to the confidentiality requirements of Civil Code Section 1798.24 (e). The information includes verification of HF eligibility, child's effective date of HF coverage, verification of child's place/county of residence, and the name of the HF plans in which the child is enrolled.

In order for county CCS Programs to utilize this verification process they must complete the attached authorization form. The form requires the CCS Program administrator of the county to designate a staff person who is authorized to receive HF subscriber eligibility information from MRMIB. In addition, the county may also designate an alternate person who can obtain information in the absence of the authorized designee.



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

Children's Medical Services Branch  
714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320  
(916) 327-1400

Internet Address: <http://www.dhs.ca.gov/pcfh/cms>

The completed authorization form is to be submitted to:

MRMIB  
Attention: Benefits Unit  
1000 G Street, Suite 450  
Sacramento, CA 95814

Once the county obtains authorization from MRMIB the designated CCS staff person or alternate may begin to contact Monica Martinez of MRMIB, at (916) 324-4695. A new authorization form must be completed and submitted to MRMIB any time there is a change in the designated staff.

If you have any questions regarding this matter, please contact David Jimenez, CMS Program Standards and Quality Assurance Section, at (916) 327-2616 or email [djimenez@dhs.ca.gov](mailto:djimenez@dhs.ca.gov).

Sincerely,

**Original Signed by Maridee Gregory, M.D.**

Maridee A. Gregory, Chief  
Children's Medical Services Branch

Attachment

**Managed Risk Medical Insurance Board  
Healthy Families Program**

Authorization Form for Disclosure of

Healthy Families Program (HFP) Member Eligibility Information  
to  
County California Children's Services (CCS) Program

This form certifies that \_\_\_\_\_ is designated as the CCS staff person or \_\_\_\_\_ as the alternate staff designee for the County of \_\_\_\_\_, authorized to receive limited HFP member eligibility information from the Managed Risk Medical Insurance Board (MRMIB). To the limited extent necessary to enable the county to perform its statutory duties under the Health and Safety Code Sections 123870(a)(1) and 123940(c)(2), the MRMIB staff is authorized to provide the following information to these county employees:

- Member's effective date of HFP coverage
- Verification of a member's place/county of residence
- Name of the HFP plan in which the member is enrolled
- Verification of HFP eligibility.

\_\_\_\_\_

Name of County Administrator or Director

\_\_\_\_\_

Date

\_\_\_\_\_

Signature